## **OPINION OF TITLE**

## To: **Miami-Dade County** With the understanding that this Opinion of Title is furnished to Miami-Dade County, as inducement for acceptance of [for example, a Declaration of Use, Unity of Title, Declaration of Restrictions, Development Agreement or in compliance with Chapter 28, and as an inducement for acceptance of a proposed final subdivision plat. Please identify the document by covering the real property. public hearing number, if applicable] public hearing number, if applicable] \_\_\_\_\_ covering the real property, hereinafter described, it is hereby certified that I have examined a complete Abstract of Title covering the period from the beginning to the \_\_\_\_\_\_, day of \_\_\_\_\_\_, at the hour of \_\_\_\_\_\_, inclusive, of the following described property: I am of the opinion that on the last mentioned date, the fee simple title to the above-described real property was vested in: Note: For Limited Partnership, Limited Liability Company or Joint Venture indicate parties comprising the Limited Partnership, Limited Liability Company or Joint Venture and identify who is authorized to execute. Subject to the following encumbrances, liens and other exceptions (If "none" please indicate): 1. **RECORDED MORTGAGES:** 2. **RECORDED CONSTRUCTION LIENS, CONTRACT LIENS AND JUDGMENTS:** 3. **GENERAL EXCEPTIONS:**

4. **SPECIAL EXCEPTIONS:** 

		le aforementioned encumbrances and ling or enforcement of the
Therefore, it is my opinion the to make the a valid and		ies) must join in the agreement in order he lands described herein.
<u>Name</u>	<u>Interest</u>	Special Exception Number
The following is a description	n of the aforementioned	abstract and its continuations:
Number Company Certifyi	ng No. of Ent	<u>Period Covered</u>
with, and is the same as, the legal de	scription in the proffere ertify that I am an attor	rney-at-law duly admitted to practice in
Respectfully submitted this _	day of	
	Name	
	Print N Florida Addre	a Bar No
STATE OF FLORIDA COUNTY OF MIAMI-DADE		
		before me this day of, who is
personally known to me or has produ	rceq	, as identification.
	Notary	y Public
My Commission Expires:	Print N	Name